

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS**

2004 JUL 14 PM 4:10

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health and Human Services Agency

Division/Unit: Alcohol and Drug Services

(Data Interns)

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No.	1	Hours	120	X	\$17.19	=	\$2,062.80
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Types of work performed by GENERAL VOLUNTEERS in this category:

Developing and modifying databases

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No.	0	Hours	0	X	\$17.19	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

Position	Hours	X	VCL	=	Dollar Benefit
					\$0.00
					\$0.00

No.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
1	120	\$2,063
0	0	\$0
0	0	\$0

TOTAL	Total Hours	120	Total Value	\$2,063.00
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 10 X Rate \$30.27

\$302.70

- b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours X Rate

\$0.00

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item 1: _____ Cost: _____

Item 2: _____ Cost: _____

Item 3: _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$302.70

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d \$2,062.80

b. Total of Donations to Volunteer Program, Item 3 \$0.00

c. Subtract Total of program Costs, Item 4d \$302.70

TOTAL PROGRAM BENEFIT:

\$1,760.10

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6. RECRUITING:

Please describe your recruiting programs:

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Developed a specialized database for our fiscal unit from a spreadsheet.

Developed a specialized database for one of our programs,

to reduce time required to produce a report.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. GENERAL INFORMATION:

Name of person completing report:

Sandra Strech

Phone:

(619) 692-5752Mail Stop: P-571

E-Mail:

sandra.strech@sdcounty.ca.gov

Volunteer Coordinator:

Susan Bower

Phone:

(619) 692-5777Mail Stop: P-571

E-Mail:

susan.bower@sdcounty.ca.gov**10. DEPARTMENT CERTIFICATION:**
DEPARTMENT HEAD SIGNATURE7/9/04
DATE

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